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Facsimile Transmittal

To: Examiner Mark W. Bokelman
Art Unit 3766

Fax: (571) 273-8300

From: Patrick J.S. Inouye 

Date: June 11, 2006

Re: U.S. Patent Application
Serial No. 10/646,104

Pages: 21 (including cover sheet)

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Notes: Regarding the above-identified U.S. Patent Application, please find attached hereto:

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- Response to Office Action
- USPTO Fee Transmittal Form
- Credit Card Payment for **\$180.00**
- Transmittal of Information Disclosure Statement (Under 37 CFR 1.97(b))
- From PTO-1449

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PTO/SB/21 (09-04)

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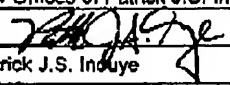
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/646,104
	Filing Date	August 22, 2003
	First Named Inventor	Bardy, Gust H.
	Art Unit	3766
	Examiner Name	Mark W. Bockelman
Total Number of Pages In This Submission	Attorney Docket Number	020.0335.US.CON

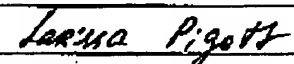
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<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Offices of Patrick J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	July 11, 2006	Reg. No.	40297

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Larissa V. Pigott	Date	July 11, 2006

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/646,104 Filing Date August 22, 2003 First Named Inventor Bardy Examiner Name Mark W. Bockelman Art Unit 3766 Attorney Docket No. 020.0335 US.CON	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$180.00)			

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: 0 - 20 or HP = 0 x \$50.00 = \$ 0.00
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims: 0 - 3 or HP = 0 x \$200.00 = \$ 0.00
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	0	0	\$250.00	\$ 0.00

4. OTHER FEE(S)

Other: Information Disclosure Statement Filing fee: \$180.00	Fees Paid (\$)
	\$180.00

SUBMITTED BY

Signature		Registration No. 40297 (Attorney/Agent)	Telephone (206) 381-3800
Name (Print/Type)	Patrick J.S. Inoue	Date	July 11, 2006

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